

SURGICAL CONSENT FOR TIBIAL OSTEOTOMY

I, **Dr Simon Journeaux** have discussed with the patient to undergo the following procedure:

RIGHT/LEFT FRACTURED TIBIA

For(diagnosis):

I have discussed the following issues, risks with the patient.

General Risks of Procedure: These include:

- a) Deep vein thrombosis occasionally affecting the lung.
- b) Lung infection – requiring antibiotics and physiotherapy.
- c) Increased risk in smokers of wound and chest complications, heart & lung complications, and thrombosis.
- d) Increased risk in obese people of wound infection, chest infection, heart & lung complications, and thrombosis.
- e) Heart attack.
- f) Small risk of death.

Specific Risks of Procedure:

- i) **The surgery may not work** and symptoms before surgery will persist after the surgery. A Total Knee Replacement may be needed in the future.
- ii) **Numbness** associated with the use of the tourniquet with nerve and muscle damage at the site where the tourniquet was placed. This may be temporary or permanent.
- iii) **The breakdown of the skin under the tourniquet** which may require further dressings and/or further surgery.
- iv) **Nerve Damage at the Knee** causing weakness and foot drop, and possible numbness in the foot. This may be permanent.
- v) **Compartment Syndrome.** This is a build up of pressure in the muscles in the lower leg which may require surgery to release the pressure.
- vi) **Removal of screws and/or plates after the operation.** This would require further surgery.
- vii) **Infection.** This may require the use of antibiotics and/or further surgery.
- viii) **Damage to the artery behind the knee.** This may require further surgery or the leg may be amputated.
- ix) **Deep Vein Thrombosis.** Blood clots in the leg vein are the most common complication. Thrombosis prevention in my practice includes regional anaesthesia, early mobilization, foot pumps in combination with a chemical injection. Occasionally a clot can break off and travel to the lung – a rare cause of sudden death after surgery.
- x) **Bruising and Swelling** in the leg below the operation site. This usually settles with time.
- xi) **Healing of the wound may be abnormal** resulting in the wound to become thickened and red and the scar may be painful.

PATIENT CONSENT

I acknowledge that Dr Simon Journeaux has explained my medical condition and the proposed procedure to me. I understand the risks of the procedure and the likely outcomes both good and bad. The doctor has explained other relevant treatment options and their

associated risks. The doctor has explained my prognosis and what will happen to me if I do not go ahead with the procedure.

It is very important that you feel you have been fully informed about all the issues and risks relating to this procedure and you understand what it fully means to you.

Please read carefully the following statements about this procedure that **Dr Simon Journeaux** has advised for you to have and place an initial beside each one if you agree. If you do not understand or have any further questions please ask **Dr Journeaux** to explain them further.

I agree to the above procedure being performed. I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with having this procedure.

I also agree to any other unplanned procedure(s) being performed if they are necessary for my well being and they cannot be discussed with me at the time as I am under the influence of an anaesthetic and/or other drugs.

I (patient's name)

of, (address)

- X..... **understand why it is necessary to have a Tibial Osteotomy.**
- X..... **understand the potential benefits, risks and possible complications of this procedure.**
- X..... **understand the alternative forms of treatment that are available, including not having the procedure, and why having this procedure is the most appropriate for me.**
- X..... **have had all my concerns about the procedure explained.**
- X..... **feel informed about having a Tibial Osteotomy.**

Patient
signature:.....

Dr Simon F Journeaux
signature:.....